Ambulatory Data Module

ADM ★★★★

"**Data Flows, Processes and Errors – Oh My!**"

Clinical Data Analyst

Womack Army Medical Center, Fort Bragg, NC
May 2008

Course Topics

- **ADM as a Sub-System of CHCS**
- **<u>Visit Workload</u> vs <u>Encounter Services</u>**
- **Data Flows and Processes**
- **Errors! Interface Error Management**
- **Coding Table Update Coordination**

Womack Army Medical

Fort Bragg, NC

Information Management Division, Informatics/Clinical Data Services

First There Was ...

ADM The "Bubble" Sheet...

No More Bubble Sheets...

CHCS - Persona

PERSONA™ · Disconnect · Edit · Commands · Print · Hold · Security · Help

```
                    ADM Patient Encounter
QQQBRAGGTESTB,CHILDGLOBAL        02/000-00-0094              AGE:7y

Appt Date/Time : 07 Dec 2005@1102      Type: WELL$      Status: WALK-IN
Clinic: WAMC PEDS                     MEPRS: BDAA  Injury/Accident Related: No
  In/Outpatient: Outpatient            APV: No             Pregnancy Related: No
  Appt Provider: CHESNEY,URSULA                   Appt Prov Taxonomy: 208000000X
  Appt HCP Role: 1    ATTENDING
Additional Providers: No
    Disposition: RELEASED W/O LIMITATIONS
============================================
   ICD-9      Dx Description

   V72.0      EXAMINATION OF EYES AND VISIO

   ----------------------------------------

Chief Complaint: V72.0        EXAMINATION O

Help = HELP      Exit = F10      File/Exit = DO          INSERT OFF
```

- Key Appointment data obtained from CHCS Patient Appointment Scheduling (PAS)
- Same information sent to AHTLA
- Specific elements not updatable in ADM or AHLTA
- Only <u>Encounter</u> elements in reverse video can be updated in ADM
- ADM can be used to update AHLTA Encounter Coding – BUT!!! <u>Note: ADM updates DO NOT Update AHLTA</u>

Measuring Performance

Capacity   **Workload**   **Services**

Weighted Value

Appointments   **Visits**   **Encounters**
RVU

- **Planned**
- **Frozen**
- **Open**
- **Booked**
- **Pending**

- **Kept**
- **Walk-In/Sick-Call**
- **T-Cons**
- **LWOBS**
- **No-Show**
- **Cancelled (Patient)**
- **Cancelled (MTF)**
- **Cancelled (TOL)**
- **Occ-Svc**
- **Admin**

- **Open (Not Coded)**
- **Complete**
  - **Diagnosis**
  - **Procedures/Services**
  - **Complexity**
- **Quality of Services**
- **Population Health**
- **Standard of Care**
- **Outcomes**
- **Practice Profile**

- **Simple Relative Value Units (RVU)**
- **Average RVU/Encounter**
- **RVU/Provider/Day**
- **EAS RVU (Facility)**

Focus Shifting from "Counting Visits" to Measuring Work/Services Provided

Captures Clinical Data

- **ADM is a Sub-System application of CHCS that captures clinical data:**
  - **ICD-9 Coding – Why the Patient was seen?**
    - Chief Compliant and Diagnoses
  - **CPT Coding – What was done to address the patient problem?**
    - Physician/Provider Services that supports capture of RVU
    - Procedures Performed and Units of Service
    - Modifiers (explain additional details about the Service or Procedure)
  - **HCPCS Coding - What services/supplies were provided?**
  - **Evaluation & Management Coding (CPT Code):**
    - Setting
      - » Office, Inpatient Professional Services (IPSR), Emergency Room, Preventive Service, Inpatient/Outpatient Consults, etc.
    - Level of Services
      - » Complexity (Minimal, Low, Moderate, or High)
    - Age Band
      - » Preventive Services/Wellness

Encounter Data

- **Data entered directly into CHCS-ADM and/or written-back from AHLTA is processed daily to create the:**
  - Standard Ambulatory Data Record (SADR)
  - Comprehensive Ambulatory and Professional Services Record (CAPER) also known as the SADR Re-Design
- **The SADR/CAPER is an ASCII File that contains patient level data for:**
  - Ambulatory Clinic Encounters
  - Ambulatory Procedure Visits (APV) Encounters
  - Observation Status Encounters
  - Inpatient Consults (Not associated with the Attending Clinical Service)
  - Inpatient Attending Provider Professional Services (IPSR-RNDS*) Encounters
- **The SADR Nightly process is tasked in CHCS to run ~2130 each night:**
  - Includes ADM & AHLTA completed encounters
  - Includes ADM updates and updates received from AHLTA and Coding Compliance Editor (CCE)
- **Following the SADR Nightly process, billable encounters are sent to:**
  - CHCS Medical Services Accounting (MSA)
  - Third Party Outpatient Collections System (TPOCS)

Additional Data Details

- **HIPAA standard elements sent to billing in TPOCS:**
  - Cause of Injury (and associated elements)
  - Geographic Location of Injury (Motor Vehicle Accidents)
  - Pregnancy Related (and associated elements)
  - HIPAA Provider Taxonomy
- **Additional Secondary Providers (Not in M2)**
- **Additional E&M Codes (up to 2 Additional E&M Codes)***
- **Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)**
- **CPT Code Units of Service (per CPT Code)***
- **CPT Code Modifiers (up to 3 – per CPT Code)***
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
  - **V70.5 4   PRE-DEPLOYMENT EXAMINATION**
  - **V70.5 5   DURING DEPLOYMENT EXAMINATION**
  - **V70.5 6   POST-DEPLOYMENT EXAMINATION**
  - **V70.5 D   PRE-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2795**
  - **V70.5 E   INITIAL POST-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2796**
  - **V70.5 F   POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA): DOCUMENTED ON DD2900**

Additional coded data elements* included in the Comprehensive Ambulatory/Professional Encounter Record (CAPER) Re-Designed SADR

Visits vs Encounters

- **An "<u>ENCOUNTER</u>" = Services Provided**
    - Documents reason for seeking care
    - Captures medical services provided
    - Establishes level of professional service and decision making
    - Identifies Staff (By Name) providing the services
        - Provider Seen
        - Secondary Providers
    - Both COUNT and NON-COUNT <u>Visits</u> are <u>Encounters</u>

- **DQMC Statement 8. a) - # SADR encounters / # WWR visits**

<u># SADRS should always be equal to or greater than the # Visits</u>

Why ???

ADM Reports Menu

From your CHCS Main Menu:

- **Type "ADS" to access the Ambulatory Data Module (ADM)**
- **ADM is a Secondary Menu Option**
- **CHCS Secondary Menus allow access across CHCS Sub-Systems**

```
STYL   User Prompt Style
   1      Appointments with No ADM Records by Clinic
   2      ADM Patients with 3rd Party Insurance
   3      ADM Compliance Report
   4      ADM Records with Unresolved Coding Issues
   5      Interface Transmission Status of ADM Record
   6      Encounter Summary Report by Clinic/Provider
   7      For Clinic Use Only Report
   8      Encounter Specific Code Report by Clinic/Provider
   9      Top Number Encounter Report
  10      Appointment/Encounter Count Report
  11      Patient Encounter Records Report
```

- **Helpful to report status of 3 Business Day Coding Compliance By Day & Clinic**
- **Log Status of AHLTA Degrades, Fail-Overs and/or Down-Times for DQ Statement   Due to possible Coding Compliance impact**

Compliance Report

```
ADM Report #3

Select PAD System Menu Option: ADS  Ambulatory Data Module
Select Ambulatory Data Module Option: 2  Ambulatory Data Reports
Select Ambulatory Data Reports Option: 3  ADM Compliance Report
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// O
Select DMIS ID: 0089  0089       WOMACK AMC
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// A
Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C//
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// A or M
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type
        or (Q)uit: B// B
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M
Enter Month & Year: Apr 2006//   (Apr 2006)
Do you want to proceed with this report? No// Y
Select DEVICE: Q
Select DEVICE: SPOOL
Name File beginning with your Initials
```

Choose "No" to Summarize by Provider for Summary Report
Choose Multiple for Appt Status to include only KEPT, WALK-IN & S-CA

Save as a Text->Import Excel

1may1.xls

	A	B	C	D	E	F
1	ADM COMPLIANCE REPORT FOR 1 MAY AS OF 6 MAY 08					
2	Commander's Goal = 95% /////////////////////// MEDCOM Standard = 100%					
3	Clinic		PAS	COMPLETE	INCOMPLETE	%
4	Appointment Status		TOTAL	ADM	ADM	COMPLIANT
5	0089 BAAA	INTERNAL MEDICINE				
6	KEPT		17	14	3	82
7	WALK-IN		31	4	27	13
8	7294 BAAI	INT MED-CLARK				
9	KEPT		6	5	1	83
10	WALK-IN		2	1	1	50
11	7286 BAAN	INTERNAL MED - JOEL				
12	KEPT		9	9	0	100
13	WALK-IN		2	2	0	100
14	0089 BABA	ALLERGY				
15	KEPT		18	15	3	83
16	0089 BACA	CARDIOLOGY				
17	KEPT		13	10	3	77
18	WALK-IN		10	7	3	70
19	0089 BACA	COUMADIN CLINIC				
20	KEPT		22	22	0	100
21	WALK-IN		1	1	0	100
22	0089 BACA	LIPID CLINIC				
23	KEPT		5	5	0	100
24	0089 BAGA	GASTROENTEROLOGY				
25	KEPT		1	1	0	100
26	WALK-IN		1	1	0	100
27	0089 BAKA	NEUROLOGY CLINIC				
28	KEPT		40	34	6	85
29	WALK-IN		68	65	3	96
30	0089 BALA	OUTPT NUTRITION CLINIC				
31	KEPT		31	13	18	42
32	WALK-IN		20	15	5	75
33	0089 BALA	OUTPT PEDS NUTRITION				
34	KEPT		4	4	0	100

Tracking Compliance

WAMC ClinOps Consolidated 3-Day Compliance Tracker
113 AHLTA Locations (Excludes T-CONS)

- Oct-07: 92.7%
- Nov-07: 91.2%
- Dec-07: 92.0%
- Jan-08: 87.7%
- Feb-08: 86.7%
- Mar-08: 84.0%
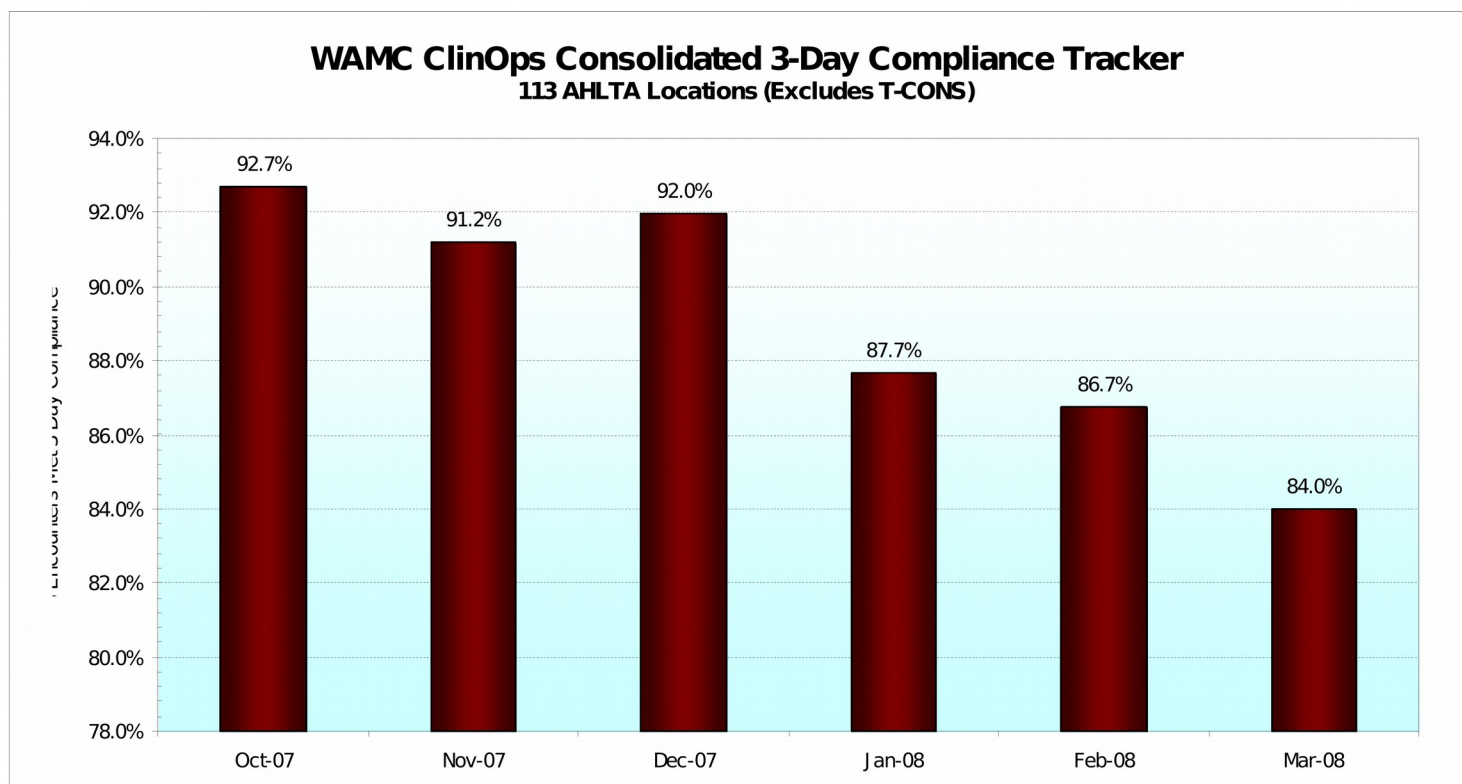
Source Notes:
- **CHCS ADM Compliance Report (Menu Option #3 for KEPT, WALK-IN & S-CALL) run daily @ 0630 by Clinical Operations for the 3 Business Day Compliance "Snapshot" by Clinic Location**
- **Companion CHCS Ad-Hoc lists Provider By Name "Early Warning" of Non-Compliant Encounters**
- **Report submitted daily to EXCOM, Clinic Chiefs and Clinic Mgrs**
- **Monthly Summary By Day used to Track/Trend ADM Compliance**

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FY08 Compliance Changes

WAMC Clinic Locations FY08 Compliance Change
113 AHLTA Locations (Excludes T-CONS)

Physical Therapy: -23.4%

Warrior Transition: -51.9%

Chart values by category:
- >30% Increase: 4
- 4-10% Increase: 3
- 1-3% Increase: 8
- 0% Impact: 18
- 1-3% Reduction: 12
- 4-6% Reduction: 9
- 7-10% Reduction: 15
- 11-15% Reduction: 9
- 16-20% Reduction: 11
- 21-25% Reduction: 11
- 26-30% Reduction: 5
- >30-40% Reduction: 5
- >40% Reduction: 3
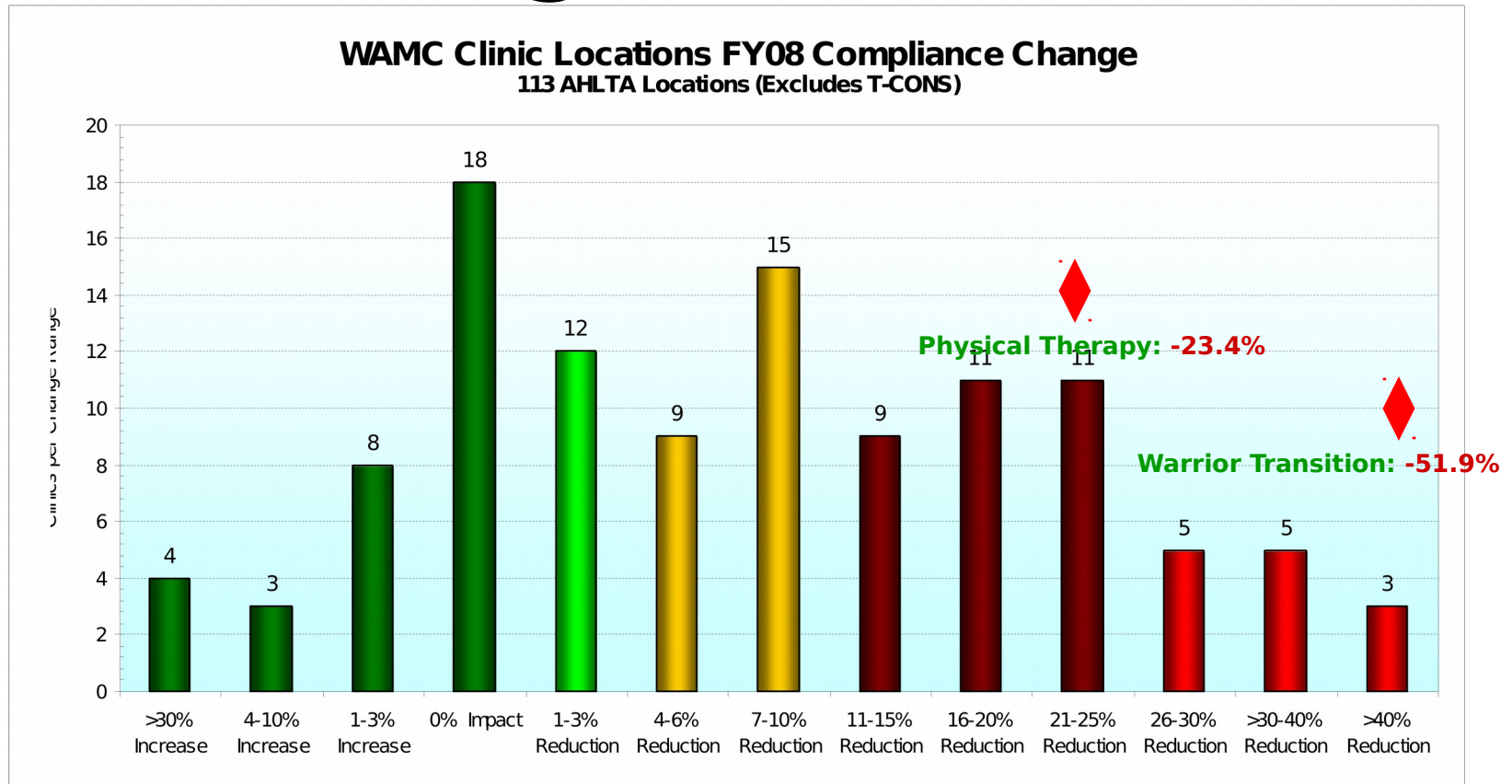
Source Notes:
- **Same ADM Compliance Report data grouped by Compliance Change for AHLTA Clinic Locations**
- **No explanation currently available for the decline in 3 Day Compliance for Physical Therapy and Warrior Transition Clinic Locations**

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IPSR % Compliance

- **Generate the ADM Compliance Report**
  - # Completed EKAA IBWA Clinic Encounters
- **Generate the WWR to calculate:**
  - # OBDS
  - # Dispositions

IPSR Compliance

```
28 Aug 2007@1458              For Official Use Only                    Page    1
                             Ambulatory Data Module

                          ADM Compliance Report by Clinic
                          From: Jul 2007 Thru: Jul 2007

Clinic                          PAS         Complete     Incomplete        %
                                Total       ADM Total    ADM Total    Compliance
================================================================================
0089   EKAA IBWA CLINIC 0089    2792          2086          706            75
7286   BGAN JHC-BLUE TEAM       2371          2368            3           100
7286   BJAN JHC-FLIGHT GOLD TEAM  36            36            0           100
7286   BGAN JHC-RED TEAM         983           983            0           100
7286   BGAN JHC-WHITE TEAM      1472          1472            0           100

                          Report Search Criteria
                          ----------------------
       Filter by                    DMIS
       DMIS ID                      All
       Primary Sort Order           Clinic, Provider
       ADM Clinic                   All
       Clinic Sort Order            Clinic, MEPR, DMIS
       Provider                     All
       Summarize by Provider        No
       Appointment Status           All
       Include inpatient
       admitted by another service  Yes
       Workload Type                Both, Count and Non-Count
       Appointment Date Range       Jul 2007 - Jul 2007
       Users Division               WOMACK AMC FT BRAGG NC
```
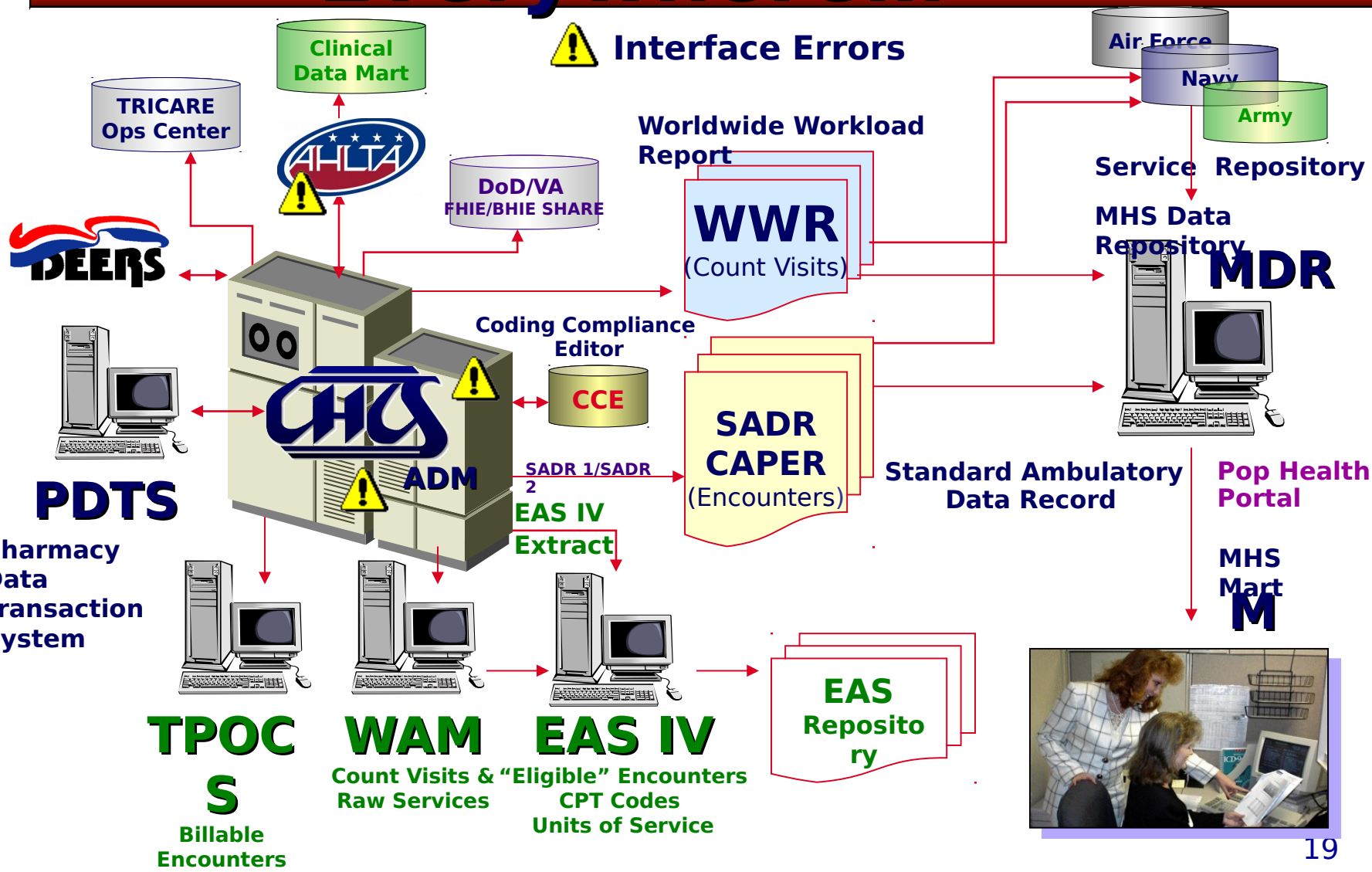
Data, Data Everywhere...

⚠ **Interface Errors**

Clinical Data Mart

TRICARE Ops Center

AHLTA ⚠

DoD/VA FHIE/BHIE SHARE

DEERS

Air Force

Navy

Army

Service Repository

Worldwide Workload Report

WWR (Count Visits)

MHS Data Repository

MDR

CHCS ⚠

Coding Compliance Editor

CCE ⚠

⚠ **ADM**

PDTS

Pharmacy Data Transaction System

SADR 1/SADR 2

EAS IV Extract

SADR CAPER (Encounters)

Standard Ambulatory Data Record

Pop Health Portal

MHS Mart M

TPOCS

Billable Encounters

WAM

EAS IV

Count Visits & "Eligible" Encounters Raw Services CPT Codes Units of Service

EAS Repository

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Interface Error Reports

1. **AHLTA/ADM Write-Back Error Report**
   - Coordinate with your AHLTA System Admin to run the report
   - ASCII File of AHLTA Write-Back errors (Easily imported into Excel):
     - AHLTA encounter not accepted or received by ADM
     - SADR/CAPER not created
     - Encounter not sent to TPOCS, CCE or EAS
     - Impacts 3-Day Coding Compliance DQ Measure
     - Not all AHLTA WB Errors appear on the Write Back Error Report

2. **ADM Interface Error Report**
   - CHCS ADM Menu Option Report #5
   - Errors – Encounter failed SADR edits – Not sent in SADR or to CCE
   - Warnings – May impact TPOCS encounter data or indicate "Training" opportunities
   - Supervising Provider Warnings – Will now be sent to EAS

3. **CCE Detailed Interface Error Report**
   - CHCS Menu Option within ADM System Manager Menu Option
   - Report of CCE functional errors
   - ADM not updated to generate updated SADR
   - Billable encounters not available to submit for billing

Write-Back Error Report

STATUS DESCRIPTION	TRANSAC	EXCEPTION TEXT	T-CON Errors	Total
1-31 Mar 08 AHLTA Write-Back Error Report				
Count of APPT IEN				
ADM Processing Error - Undefined CHCS Error	103	text=ERROR=WALK-IN: O: 17612983: 17162: 1171621542: Injury/Accident Date must be on or before Appt Dt.	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for CPT code of 36415	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for CPT code of 59025	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for CPT code of 90779	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for CPT code of 97110	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for CPT code of 97535	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for EM code 99213	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for EM code 99221	(blank)	1
		text=ERROR=Invalid Modifier MOD1 for EM code 99395	(blank)	1
		text=ERROR=KEPT: O: 17588184: 29190: 1291901194: Injury/Accident Date must be on or before Appt Dt.	(blank)	1
		text=ERROR=KEPT: O: 17624585: 23999: 1239991326: Injury/Accident Date must be on or before Appt Dt.	(blank)	1
		text=ERROR=WALK-IN: I: 17663757: 29095: 1290951241: Injury/Accident Date must be on or before Appt Dt.	(blank)	1
		text=ERROR=WALK-IN: O: 17543470: 28960: 1289601194: Injury/Accident Date must be on or before Appt Dt.	(blank)	1
ADM Processing Error - Undefined CHCS Error Total				13
ADM Processing Error - Failed ADM Validation	102	At least 1 ICD9 code must be present.	(blank)	114
		EM_DIAGNOSIS_PRIORITY cannot be set until ICD9s are added.	(blank)	90
		'V68.0' is not a valid value for ICD CODE. 'V68.0' cannot be found in the 'ICD9' code reference.	(blank)	67
		An E&M code has not been entered.	(blank)	47
		Duplicate ICD_DIAGNOSIS_PRIORITYs are not allowed.	(blank)	43
		A disposition has not been entered.	(blank)	24
		'V26.4' is not a valid value for ICD CODE. 'V26.4' cannot be found in the 'ICD9' code reference.	(blank)	16
		'V68.8' is not a valid value for ICD CODE. 'V68.8' cannot be found in the 'ICD9' code reference.	(blank)	9
		'3000F' is not a valid value for CPT4 CODE. '3000F' cannot be found in the 'CPT4' code reference.	(blank)	8
		'787.2' is not a valid value for ICD CODE. 787.2' cannot be found in the 'ICD9' code reference.	(blank)	7
		CPT4_DIAGNOSIS_PRIOR... annot be set until ICD9s are added.	(blank)	7
		'790.9' is not a valid value for ... E. '790.9' cannot be found in the 'ICD9' code reference.	(blank)	6
		'5' is not a valid value for ICD-ICD... SIS_PRIORITY. Valid values must be in 1 or 2 or 3 or 4 or U.	(blank)	5
		'389.2' is not a valid value for ICD CO... cannot be found in the 'ICD9' code reference.	(blank)	4
		'345.9' is not a valid value for ICD CODE... t be found in the 'ICD9' code reference.	(blank)	4
		'V85' is not a valid value for ICD CODE. 'V85... d in the 'ICD9' code reference.		
		'V82.8' is not a valid value for ICD CODE. 'V82.8... d in the 'ICD9' cod...		
		'6' is not a valid value for ICD-ICD_DIAGNOSIS_PR... s must b...		
		'V72.1 1' is not a valid value for ICD CODE. 'V72.1 1' ca...		
		'3002F' is not a valid value for CPT4 CODE. '3002F' cannot...		
		'V18.1' is not a valid value for ICD CODE. 'V18.1' cannot be fou...		
		CPT4_DIAGNOSIS_PRIORITY: 2 does not conform to ICD_DIAG...		
		'S0116' is not a valid value for CPT4 CODE. 'S0116' cannot be found...		
		'288.0' is not a valid value for ICD CODE. '288.0' cannot be found in the 'I...		
		'V58.3' is not a valid value for ICD CODE. 'V58.3' cannot be found in the 'ICD...		
		'J7322' is not a valid value for CPT4 CODE. 'J7322' cannot be found in the 'CP...		
		'784.9' is not a valid value for ICD CODE. '784.9' cannot be found in the 'ICD9'...		
		'A6413' is not a valid value for CPT4 CODE. 'A6413' cannot be found in the 'CP...		
		'V73.9' is not a valid value for ICD CODE. 'V73.9' cannot be found in the 'ICD9...		
		CPT4_DIAGNOSIS_PRIORITY: 5 does not conform to ICD_DIAGNOSIS_PRIO...		
ADM Processing Error - Failed ADM Validation Total				
CHCS set appointment to not require an ADM record	120	No ADM record created appointment status is OCC-SVR		
CHCS set appointment to not require an ADM record Total				
Unable to obtain Appt IEN - Exceeds Q attempt No.	106	Exceeded Allowable Requeue Attempts		
Unable to obtain Appt IEN - Exceeds Q attempt No. Total				
XML Parse Error	105	Wamload Failure - Unable to load retruned XML into XML.DOM		
XML Parse Error Total				
Grand Total				

- **Providers/Staff must update Favorites Lists and Personal Templates to the new ICD/CPT Codes**
- **ADM will reject ICD-9 Inpatient Procedure codes**
- **Encounters completed for "BTST" are not written back**
- **CPT Codes in AHLTA must be linked to ICD-9 Dx Priority 1, 2, 3 and/or 4**
- **Injury Date must be before**

AHLTA/ADM Reconciliation

ADM
Modify Patient By Provider Menu Option

Coding Table Updates

October 2007						10
S	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- **ICD-9 – Updated per Fiscal Year**
  - **Effective 1 Oct**
  - MTF updates must be coordinated for AHLTA, CHCS, CCE and TPOCS
  - Identify Obsoleted Codes used to identify impact and reduction in Coding Errors

January 2008						1
S	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- **CPT/HCPCS – Updated per Calendar Year**
  - **Effective 1 Jan**
  - MTF updates synchronized for AHLTA, CHCS and CCE
  - CPT/HCPCS automatically sent to TPOCS from CHCS
  - Identify "Obsoleted" codes used at your MTF, to identify impact and reduce Encounter Coding and Ancillary data capture errors
  - Coordinate with Ancillary Areas (LAB/RAD) to update CHCS LAB/RAD files

CHCS-ADM systems change developed to support code ICD-9 and CPT Coding validation, based on Date of Service (Awaiting CHCS Package Release)

The "99499" Placeholder

- **June 2005:**
  - E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
  - E&M Code was no longer required for Non-Count Visits
    - Remember! – IPSR RNDS* are NON-COUNT Visits
  - TPOCS still requires the "99499" Placeholder

Current recommendation:
Continue to enter the "99499" E&M Code Placeholder in CHCS ADM

Encounter Data "Tune-Up"

The ` Key… The Missing Link
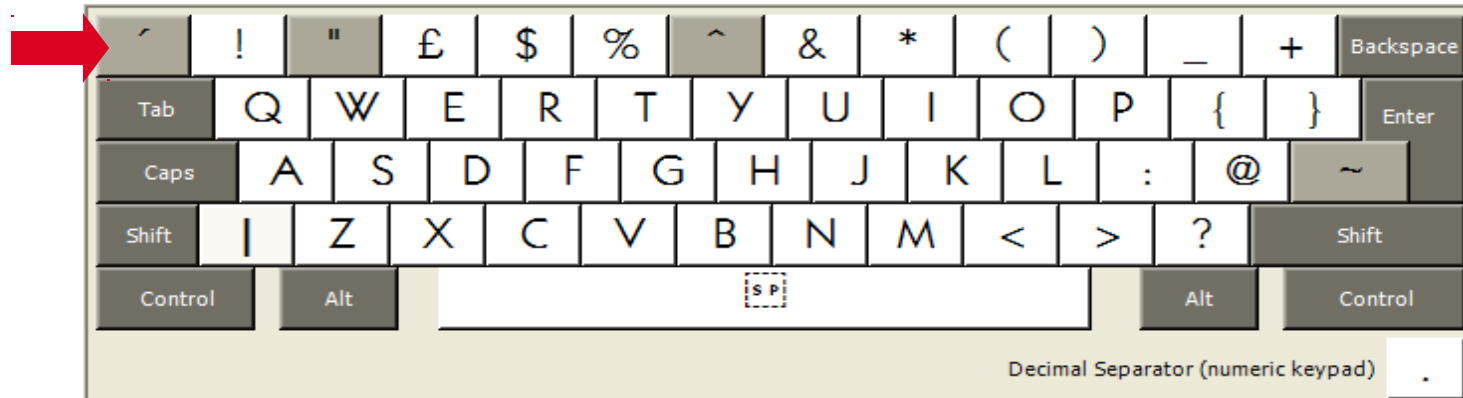
- The M2 Record ID is the CHCS Appointment Internal Entry Number (IEN)
- Run an M2 DQ query that includes the M2 Medical Record ID or the Appointment IEN from the AHLTA Appointment List Display
- The Grave ` Key plus the Appointment IEN can be used to locate the specific record/records in CHCS PAS (PATIENT APPOINTMENT) File) or ADM (KG ADC DATA) File
- The M2 Record ID "How To" in your DQ Course Book, provides the steps to process the M2 Query Results and locate the Visit in the CHCS Patient Appointment File or Encounter in the KG ADC DATA File

DQ "Check Points"

- **Allied Health Coding (PT/OT, Social Work Services, Audiology, Behavioral Health, Optometry, etc.)**
  - Army MTFs will be decremented for incorrect E&M Coding!
- **E&M Coding for Nurses and Technicians:**
  - Important Training Issue for Nurses and Technicians with RN Wellness Role in AHLTA
  - AHLTA defaults a Preventive Service E&M Code for WELL Appointment Types
- **E&M Distribution:**
  - By Provider and By 4th Level FCC
  - New vs Established Encounters
  - Sick vs Well Encounters
  - New vs Consult Encounters
  - Telephone Consults
- **Diagnosis (Frequency and Tabular Lists):**
  - Use of Military Unique ICD-9 Dx Codes
- **Procedures/Services and Supplies (Frequency and Tabular Lists)**
- **Request a Copy of the CCE Coder/Provider Comparison Report**
- **Provider Medical Specialty (Direct Care <=905)**
  - These encounters can be corrected and re-sent to M2
- **M2 "R" Records compared to ADM Compliance Report**

RN/Tech Encounters

DOS DD FY07.xls

	A	B	C	D	E	F	G	H	I	J
1	**RN Tech Encounters**									
2										
3	MO	(All)								
4										
5	Count of APPT IEN					E_M_CODE				
6	CLINIC LOC	FCC	WORKLOAD	HCP	HCP SPEC	99202	99211	99212	99499	Grand Total
7	GENERAL SURGERY	BBAA	COUNT	BLAI	600				13	13
8				LUJA	900				2	2
9				MAF	600		1			1
10				TUOI	600	1	87	1	2184	2273
11			NON-COUNT	BEIS	600				1	1
12				TUOI	600				2	2
13	UROLOGY	BBIA	COUNT	OGLI	600		54	1	129	184
14				PINK	900		31		11	42
15				SMIT			29		13	42
16				WILS			12		118	130
17			NON-COUNT	OGLI					4	4
18				WILS	900				1	1
19	AUDIOLOGY	BHDA	COUNT		900				27	27
20					900				78	78
21									2	2
22							70	1	7	78
23							164	2	12	178
24							156		17	173
25							1			1
26							2			2
27							2			35
28										
29										
30							337			
31							40			
32										
33			NON-COUNT	BLAI	600					
34	**Grand Total**					1	986	5		

- Coordinate coding corrections for RN/Tech Encounters
- Prepare reconciliation list for Clinic Staff
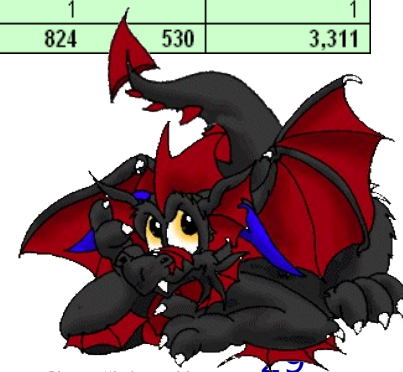- CHCS Ad-Hoc query or M2 are the best options to validate RN/Tech Encounters

Data Source: CHCS Encounter Drill Down Query Flat File

E&M Distribution

E&M Summary									
Data Pulled 16 Aug 07									
HCP	(All)		Select HCP						
Count of APPT IEN						MO			
CLINIC LOC	FCC	E_M_CODE	E&M SVC LVL DESCRIPTION	MHS 2006 Work RVU	May 2007	Jun 2007	Jul 2007	Aug 2007	Grand Total
GENERAL SURGERY	BBAA	99201	OFF VST,E/M,NEW,3CMPNT:FOC HX	0.45	16	31	26	25	98
		99202	OFF VST,E/M,NEW,3CMPNT:XP PROB	0.88	68	37	56	28	189
		99203	OFF VST,E/M,NEW,3CMPNT:DTLD HX	1.34	58	14	65	22	159
		99204	OFF VST,E/M,NEW,3CMPNT:CMPR HX	2	4	1	11	5	21
		99205	OFF VST,E/M,NEW,3CMPNT:CMPR HX	2.67	10		4	8	22
		99211	OFFICE/OUTPATIENT VISIT, EST	0.17	78	74	167	92	411
		99212	OFFICE/OUTPATIENT VISIT, EST	0.45	63	60	86	50	259
		99213	OFFICE/OUTPATIENT VISIT, EST	0.67	150	92	77	63	382
		99214	OFFICE/OUTPATIENT VISIT, EST	1.1	66	21	44	24	155
		99215	OFFICE/OUTPATIENT VISIT, EST	1.77	26	5	18	6	55
		99222	INITIAL HOSPITAL CARE	2.14	1				1
		99241	OFFICE CONSULTATION	0.64	1				1
		99242	OFFICE CONSULTATION	1.29				1	1
		99243	OFFICE CONSULTATION	1.72		2			2
		99371	PHYSICIAN PHONE CONSULTATION	0.23	10	2	12	1	25
		99499	UNLISTED E&M SERVICE	(blank)	364	437	166	102	1,069
		(blank)	(blank)	(blank)	145	121	91	103	460
	BBAC	99211	OFFICE/OUTPATIENT VISIT, EST	0.17			1		1
Grand Total					1,060	897	824	530	3,311

- **DQ/Coding Staff Assist Visit identified:**
  - **No encounters for Inpatient Consults**
  - **Unexpectedly low number of Telephone Consults**

Questions?